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000110 7590 03/31/2005

DANN, DORFMAN, HERRELL & SKILLMAN  
1601 MARKET STREET  
SUITE 2400  
PHILADELPHIA, PA 19103-2307



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Jane C. Bogan	(Depositor's name)
<i>Jane C. Bogan</i>	(Signature)
June 29, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/734,801	12/12/2000	Roland Carlsson	ERICPOTTER	5194

TITLE OF INVENTION: METHOD FOR IN VITRO MOLECULAR EVOLUTION OF PROTEIN FUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700-1400	\$300	\$1000-1700	06/30/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
CHUNDURU, SURYAPRABHA	1637		435-006000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dann, Dorfman, Herrell and Skillman

2 \_\_\_\_\_

3 Kathleen D. Rigaut, Ph.D.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ALLIGATOR BIOSCIENCE AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lund, Sweden	01 FC:1501	1400.00 OP
	02 FC:1504	300.00 OP
	03 FC:8001	30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Kathleen D. Rigaut

Typed or printed name Kathleen D. Rigaut, Ph.D., J.D.

Date June 29, 2005

Registration No. 43,047

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# FEE TRANSMITTAL



		<i>Complete if known</i>
		Application Number: 09/734,801
		Filing Date: December 12, 2000
		First Named Inventor: Roland Carlsson
		Group Art Unit: 1637
		Examiner Name: Suryaprabha Chunduru
Total Amt. of Payment: (1)+(2)+(3)=	\$1,730	Attorney Docket Number: ERICPOTTER

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)		
1. The Commissioner is hereby authorized to:	<b>ADDITIONAL FEES</b> <b>Fee Description</b> <span style="float: right;"><b>Fee Paid</b></span> <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		
2. Payment enclosed:	Check in the amount of <u>\$1,730</u>		
<b>FEE CALCULATION</b>			
1. FILING FEE	<b>Fee</b>		
<b>Fee Description</b>			
Utility filing fee	_____		
Design filing fee	_____		
Plant filing fee	_____		
Reissue filing fee	_____		
Provisional filing fee	_____		
SUBTOTAL (1)	<u>\$0</u>		
2. Claims	<b>Paid</b>	<b>Extra</b>	<b>Fee</b>
Total Claims			= 0
Independent Claims	x		= 0
Multiple Dependent (First presentation)			
SUBTOTAL (2)	<u>\$0</u>		
<i>Best Available Copy</i>			

Submitted By:

Typed or

Printed Name Kathleen D. Rigaut, Ph.D., J.D. Reg. Number 43,047

Signature Kathleen D. Rigaut Date June 29, 2005 Deposit Account User ID 04-1406